

Rev 2/11 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY <u>10 24 2014</u> PERMIT NO. DW- <u>14-15-013</u>	West Virginia Department of Health and Human Resources BUREAU FOR PUBLIC HEALTH WATER WELL COMPLETION REPORT	FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE																							
LOCATION OF WELL Well Owner: Last Name <u>Reyes</u> First Name <u>TIBURCIO</u>		Street/Road <u>GRACES CABIN</u> County <u>HAMPSHIRE</u> Zip Code _____																								
Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other		AREA NAME/LOCATION: <u>BLUFFS OF THE POTOMAC</u> <u>SPRINGFIELD</u>																								
WELL LOG <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Depth</th> <th rowspan="2">State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).</th> </tr> <tr> <th>From (ft.)</th> <th>To (ft.)</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>dirt & roots</td> </tr> <tr> <td>2</td> <td>72</td> <td>Soft Brown shale</td> </tr> <tr> <td>72</td> <td>87</td> <td>Light Gray shale</td> </tr> <tr> <td>87</td> <td>130</td> <td>Blue shale</td> </tr> <tr> <td>130</td> <td>320</td> <td>Layers of Dark Blue Sandstone and Blue shale</td> </tr> <tr> <td>130</td> <td></td> <td>Water - 20 GPM</td> </tr> </tbody> </table>		Depth		State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	From (ft.)	To (ft.)	0	2	dirt & roots	2	72	Soft Brown shale	72	87	Light Gray shale	87	130	Blue shale	130	320	Layers of Dark Blue Sandstone and Blue shale	130		Water - 20 GPM	TYPE OF WELL: <input checked="" type="checkbox"/> Potable <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test/Exploratory <input type="checkbox"/> Other _____	
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		DRILLING METHOD <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other _____																								
		GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>5</u> Installation Method: <u>Pumped</u>																								
		PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
		ESTIMATED WELL YIELD Estimated at <u>20</u> G.P.M. Static Water Level <u>115</u> (ft) *Pumping level below land surface <u>318</u> (ft) after <u>1/2</u> hrs. at <u>20</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.																								
		WELL HEAD COMPLETION Casing height above grade <u>1</u> (ft) Type Of Well Cap _____ Installed: <u>Harvard</u>																								
		VARIANCE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____																								
		COMMENTS BY INSTALLER: <u>Water cleaned up Good</u>																								
I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.																										
Company Name <u>B.W. SMITH WELL DRILLING</u> WV Contractor No. <u>078905</u> Business Registration No. <u>1005-5395</u> Master Well Driller Certification No. <u>574</u> Master Well Driller (print) <u>Chris Wolford</u> Master Well Driller Signature <u>Chris Wolford</u>																										
SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.) Journeyman Well Driller Certification No. _____ Journeyman Well Driller (please print) _____ Apprentice and Name (s) _____																										



Hampshire County Health Department

HC 71, Box 9

Augusta, WV 26704

Nursing: (304) 496-9640 Environmental: (304) 496-9641

Fax: (304) 496-9650

July 14, 2006

Hampshire County Planning Commission
PO Box 883
Romney, WV 26757

Dear Sirs;

This office has reviewed a plat of survey for WV Hunter, LLC to approve a subdivision named Bluffs on the Potomac (Phase III) located off Grace's Cabin Road and further referenced as Tax District Springfield, Tax Map 23, Parcel 01, Deed book 436, Page 638. This phase contains 31 lots for a total of 732.61 acres (694.21 acres to be developed)

All lots require a percolation test and a sewage disposal reserve area of 10,000 square feet where no development or structures other than the septic system shall be permitted. This lot is to be developed with an individual well and septic to serve a single-family dwelling.

Percolation test results are within limits as set forth by West Virginia CSR 16-1. Six feet soil observation holes indicate no restrictions due to water table or shallow bedrock within the designated sewage disposal area except as noted on the Health Department subdivision application.

The plat of survey dated July 14, 2006 is hereby approved by the Hampshire County Health Department. Any changes or revisions to the Health Department stamped and signed plat, or subsequent final plat approved based upon the approved plat, will make this approval null and void.

This approval is not a permit for individual water systems or individual sewer systems. Applications for permits must be made separately to the Hampshire County Health Department.

Sincerely,

Denson Taketa

cc: WV Hunter, LLC

Section III

REPORT SHEET FOR PERCOLATION AND SIX FOOT HOLE TESTING

Subdivision Name Bluffs on the Potomac County Hampshire

Total Number of Lots _____ Name of Applicant WV Hunter, LLC

Name of Certified Installer Responsible for Testing Justin Time Exc.

Installer Certification No. 54-00-A-0207 Installer Signature Jay Mullins

Address HC 64 Box 1634 Romney, W.V. 26257

INCEL TIME →

Type System	Lot Number	Percolation Test Results (Minutes per Inch of Fall)				Average Results	Six Foot Hole Results		Date Conducted
							Depth to Water	Depth to Rock	
II	66	100	85	80	105	15.4	N/A	N/A	
II	67	95	88	90	90	15.1	N/A	N/A	
II	68	105	95	100	70	15.4	N/A	N/A	
I	69	85	85	70	80	13.3	N/A	N/A	
II	70	120	95	100	85	16.6	N/A	N/A	
II	71	90	85	70	95	14.1	N/A	N/A	
II	72	120	125	95	100	18.3	N/A	N/A	
I	73	65	60	68	72	11.0	N/A	N/A	
II	74	95	78	85	60	13.2	N/A	N/A	
I	75	80	78	95	45	12.4	N/A	N/A	
II	76	60	90	95	80	13.5	N/A	N/A	
II	77	88	78	100	55	13.3	N/A	N/A	
II	78	60	60	85	110	13.1	N/A	N/A	
II	79	120	110	125	100	18.9	N/A	N/A	
II	80	105	85	70	100	13.2	N/A	N/A	
II	81	118	75	95	70	14.9	N/A	N/A	
II	82	100	110	90	105	16.8	N/A	N/A	
II	83	65	80	45	90	11.6	N/A	N/A	
I	84	120	110	95	100	17.7	N/A	N/A	
II	58	62	49	54	56	9.2	N/A	N/A	
II	59	40	48	53	40	7.5	N/A	N/A	

(Attach additional pages if needed)